

Please type a plus sign (+) inside this box →

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/393,311
	Filing Date	09-10-1999
	First Named Inventor	ERIC FOX , ONTARIO, (CA)
	Group Art Unit	2612
	Examiner Name	HENN, TIMOTHY J
	Attorney Docket Number	DALSAINC-0026

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney for the above-identified patent application and the practitioners (with registration numbers) of record listed below:

Alan Branigan 20565, Jennifer Branigan 40921, Brion Heaney 32542, Csaba Henter 50908, I. Millen 19544,

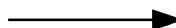
John Moses 24983, Harry Shubin 32004, John Sopp 33103, John White 17746, and Anthony Zelano 27969.

The reasons for this request are those described in 37 CFR 10.40(b)(4), the application file was transferred to a new attorney at the request of the Assignee.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number
OR



<input checked="" type="checkbox"/> Firm or Individual Name	Daniel E. Fisher, Esq.				
Address	11240 Waples Mill Road				
Address	Suite 300				
City	Fairfax	State	VA	ZIP	22030
Country	US				
Telephone	703-556-8488	Fax			

This request is enclosed in triplicate.

Name	I am authorized to sign on behalf of myself and all withdrawing practitioners. Richard J. Traverso, Reg. No. 30,595
Signature	/Richard J. Traverso/
Date	

*NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.